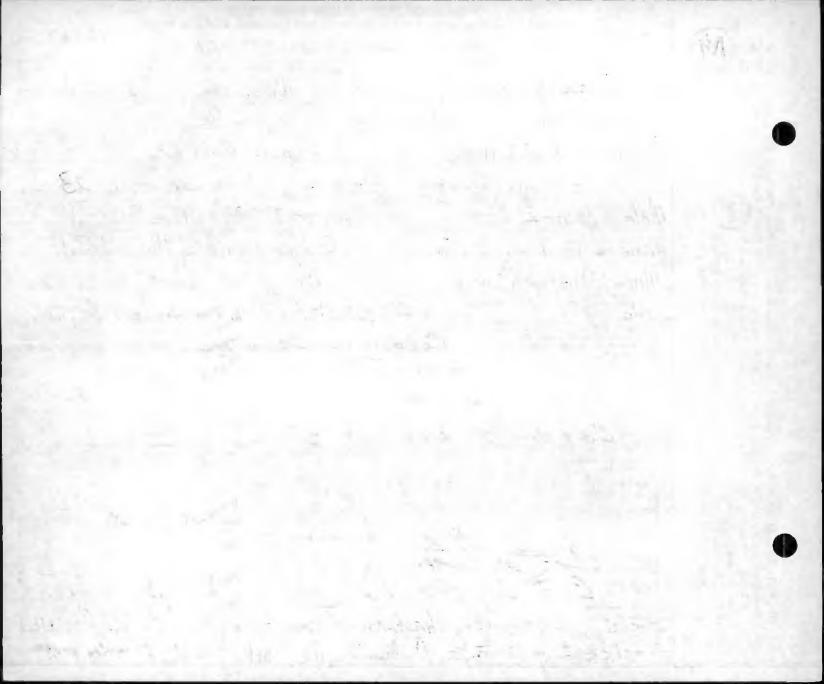
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALTH DEPT	1. 1	PLACE OF DEATH 2 USUA	L RESIDENCE (Where deceased lived, if institution, Residence before admission)
is de of	-	O. COUNTY QUEEN ANNES MARYLAND O. STA	ATE MARULAND 6. COUNTY DUEEN ANNES
oath. If any delay is obes 1, 2, and 3 to ith farm PM3. Page State Department of		b. CITY OR TOWN (If autside corparate limits, c. LENGTH OF STAY, IN 1b c. CITY of	R TOWN (If autide carporate limits, write RURAL and give nearest town)
on on war		CENTREVILLE Allhis Life	ENTREVILLE 17-1
an P	-		T ADDRESS 6. IS RESIDENCE ON A FARM?
form form		Chestertield HVE.	MESTERFIELD HVE YES NO DE
w we de		NAME OF DECEASED (Type or print) GEORGE DEWEY CANNON	ost 4. DATE Month Doy Year OF DEATH SEPTEMBER 23 1967
after allo give	5.	SSX 6. COLOR OR RATE 7. MARRIED NIVER MARRIED 8. DATE OF	F BIRTH 9. AGE (N years F UNDER 1 YEAR IF UNDER 24 HRS.
ono death	100		THELACE (Stote or foreign country) 12. CITIZEN OF WHAT
s lo	duti	ing most of working life area if retired) EHRED FARMER FARMING CEN	treville Q.A.Co. Md. U.S.A.
within 24 n pencil in Examiner's File pages 2 haurs aft	13.	March MILLS A	HER'S MAIDEN NAME
with per year xorr year hau	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN	ARGALET COE
	(Ye	was deceased ever in U.S. ARMED FORCES? (If yes give war or dates of service) 218-16-5529 Rs. NET	the of Canasa Centerville Md.
executed and and and and and and and and and an		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	THE H. CANNON CENTREVILLE INC.
should be e te ward "pen a the Chief A burial-fransit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COYAR COYAR	Occulien ONSET AND DEATH
ward ward the Cl rial-tr			lee Cardia Vascalar
e shou the wa ta the burial in any			
firet ing ded ded and and		stating the underlying cause (c) DUE TO (c) dise desc	years
certification write arward arward used sold,	NO		IAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
This cert cate, wri be farwo be used removal,	CATI	Cardie Intar 1965	YES NO
ould ould	CERTIFICATION	20b. DECRIBE HOW INJURY OCCURRED. (Enter notu PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	re at injury in Port I ar Port II at item 18.)
(AMINE of the control	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While Not While at work of wore work of	RY (Home, form, office bldg , etc.) 2Df. (City or town) (County) (State)
Pog ar y R: Po		21. I certify that I took charge of the remains described above, held on Au	topsy , Inspection , Inquiry , and in my opinion
ex for.		death resulted from: Natural causes , Accident , Suicide ,	Homicide, Undetermined manner
rect rrect aine IRE		ACTUAL DE TOTAL	CHIEF MEDICAL EXAMINER
A de		SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER 4 9-25-67
ecessory, in the funeral may be remember Fulleral		EXAMINER'S C. T. Layton MD	Address (Street, city, town, or county) Centre oileman
TO DEI The fu	230	BURIAL CREMATION, 23b. DATE THEREOZ 23c. NAME OF CEMETERY OR CREMATION SECTION	28d LOCATION (City or Jown) (County) (State)
K. 91	24	FUNERAL PIREGION ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A 15ME (5)	1	ame H. Barta h-Barton Bros Cartino 10. M	O DATISEP 27 1967 Achievely Junger



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item 1 Film G393 9/28/6CERTIFICATE OF DEATH after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the Pages 1 urs after Queen Anne's MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 15 hours Crumpton Rural Sudlersville Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS carbon pap ent, within within letely 3. NAME DE Middle First Last DATE Month DECEASED CREW TDA E. September DEATH ошр (Type or print) executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. amyeve 7. MARRIED NEVER MARRIED and 82 March, 20, 1885 Female White WIDOWED T DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 三 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT Clan be during most of working life, even if retired) INDUSTRY U.S.A. Housework Own Home Md. death certificate physi 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph grmit. Then removal George Fithian Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 10 (Yes, no, or unknown) (If yes pive war or dates of service) 212-12-0742 Alfred J. Crew. Crumpton, Md. 21828 No. cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the been signed of the burial-transition to burial, creme PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Hold DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) 88 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health use certificate PHYSICIAN, T this cerm detached for 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. Tenter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 2Df. (City or town) factory, street, officebidg., etc.) Hour a.m. Not While at work After ATTENDING at work 0 21. I certify that (I) (this hospital) attended the deceased from 3 shoul with the DIRECTOR: M, from the causes and on the date stated above. $oldsymbol{arepsilon}$, and that death occurred at $oldsymbol{\mathcal{Q}}$ saw the deceased alive on 22a. SICNATURE 22b. 800 DIRECTOR тау pa HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, I NAME (Type) C.H. Metcalfe. Sudlersville, Md. 2166 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial (Specify) Crumpton, Q.A.Co; Sept. 23, 1967 Crumpton Cemetery 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Millington, Md. 21651 Edward Fellows & Son. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

Oueen Anne's

a. IS RESIDENCE

YES

20,

COUNTRY?

(County)

DATE SICNED

ON A FARM?

19 67

INTERVAL BETWEEN

DNSET AND DEATH

WAS AUTOPSY

NO F

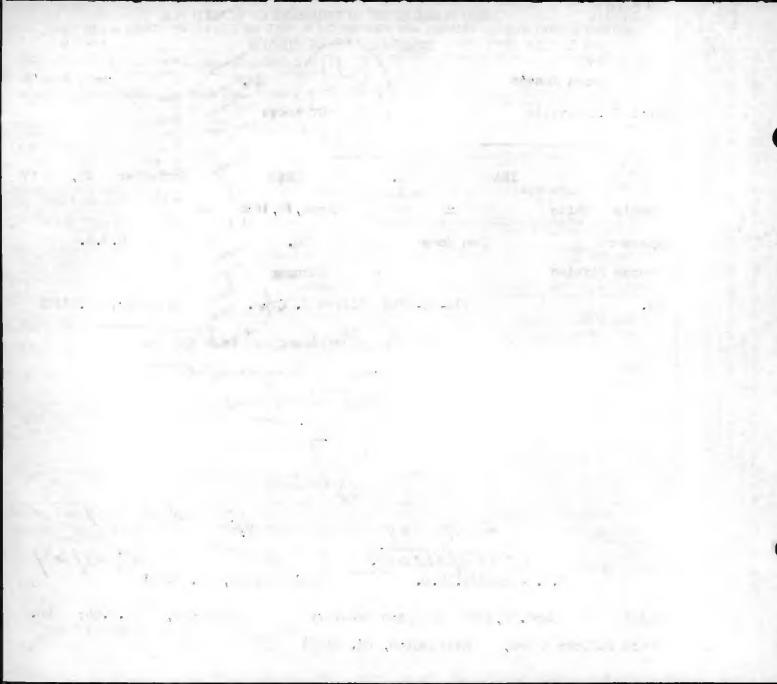
(State)

(State)

Md.

PERFORMED?

NO



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12945

12936 FOR STATE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

EALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
= 2 e = =	O. COUNTY QUEEN HANES MARYLAND O. STATE ENDSYLVANIA DELAWARE
And	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
PERME	TRICE SWARTHMORE 15
m m 2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM?
for for for	Koute 301+405 1323 Hadsley Kond YES NO
Poor	3. NAME OF DECEASED First Middle Lost 4 DATE Month Doy Year
or de Miles Proposition de Mil	(Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE, OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI
offer olong	FEMALE White WIDDWED DIVORCED October 26, 1890 70% birthdoy) Months Doys Hours Mil
hours of them 18 Office of ond 2 w	Too USUAL OCCUPATION (Give kind of work done 10b KIND OF RUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
	during most of warring life, even if retired) INDUSTRY RENASY VANIA CHIEF, A.
hin 24 ncil in niner's pages urs oft	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
within in pencil i n pencil i Examiner Examiner File page 2 hours of	Thomas B. QUINN SARAH FALES
in ol E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, gonor unknown) (If yes give wor or dotes of service) 16. SDCIAL SECURITY NO. 17. INFORMANT BROTHER Address
xecuted nding" i Medicol permit.	NO HERBERT 1, YUING SIGE, T -ST., CHESTER IT
(2)	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
Chica chira	MMEDIATE CAUSE (a) Fracture of Cervical Spine; Fracture Concursor
shauld Be ne word "pe o the Chief buriol-transit	(Conditions, if ony, which gave) (h) Compression Lyjury given Cond Drain
te s the d to d to o bi	rise to immediate cause (a), DUE 10 DUE 10
fired fing rrded as a	lost. (c) Mulifle Fraduces legs , rits.
This certificate state, writing the be forworded to be used as a but removal, and in a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY SO or CONTRIBUTING D Automobile accidents of contributing to the contribution of the con
This ficate I be full	200. EXTERNAL CAUSE WAS PRIMARY OF ON TRIBUTING D 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I pr Port II of item 18.)
certific could b es. thould n, or r	
XXMINER ute the ce gg 4 shou your files Page 3 shou cremation,	206 TIME DE INJURY Month, Day, Yeor 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 8 20 Hour o.m. 9-8 1967 of work of wor
Pog Prog or y R: P.	21. I certify that I took charge of the remains described abave, held an Autopsy, Inspection 🔀, Inquiry, and in my opin
tor. for fed f	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined monner
MED direction to in to it	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGN
JTY Plant, plant	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER C
DEPUTY ressory, e funeral may be r FUNERAL	NAME (Type) John R. Smith, V Address (Street, city, town, or county) Controlle Manual
TO DEPL necesso the fun 5 may 70 FUNE Health	230. BURIAL, EREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Iown) (County) (Stota)
	PA FUNERAL DIRECTOR A DELAWARE O ADDRESS 250. REGISTRAR I 250. REGISTRAR'S SUSMATURE
VR A15ME (5)	James G. Barton & Butantes Continued MO SEP 11 1961 pleantes Just

24.00, 45.00 the Mark that will be the second of the second to be reliable to the same of the same the state of the s their temperature the STIRL House to more diseased to all and the state of the state Comment Lugary Sport Cold Bears Letter harry land spilett the same of the sa The same of the sa the property of the property o

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12946

FOR STATE	12937 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTHY DEPT.	1. PLACE OF DEATH O. COUNTY QUEEN ANNES MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b. COUNTY b. COUNTY DEFAUARE
oth. If any delay is, ages 1, 2, and 3 in ith form PM3. Page State Department of	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)
h. If at form form	d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) Roufe 301 + 405 1323 ARdsley Rd. e. 13 RESIDENCE ON A FARM? YES \(\sigma \text{NO} \sigma \)
haurs after death. I Item 18. Give Pages Office alang with far t and 2 with the State	3. NAME OF DECEASED (Type or print) Charles First Middle Lost 4. DATE OF EATH OF EMBER 8 1967 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS
naurs aft em 18. C iffice alar and 2 with death.	MALE White WIDOWED DIVORCED JULY 28, 1908 Jost birthdoy) Months Doys Hours Min.
itin 24 haurs incil in Item I niner's Office pages I and 2. urs after death	during most of morked life even (Lettred) [INDUSTRY HILLAGE PAIA COUNTRY A 13. FATHER'S NAME 14. MOTHER'S MAINEN NAME
ed within 24 h in pencil in In Il Examiner's 0 Il Examiner's 10 72 haurs affer	GEORGE PERRY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WITH Address Address
d be executed of "pending" in Chief Medical Erransit permit. Fevent within 72.	(Yes, no, or unknown) (If yes give wor or dotes of service) 164.07-6217 MRS, SARAH L. RERRY SWARTHMORE, PA, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN
shauld be executed with the ward "pending" in perate that the Chief Medical Examburial-transit permit. File the many event within 72 has	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) D as phyria, seconlary compression, black world instance. DUE TO Minutes
certificate shauld writing the ward the Carwarded to the Carwarded to the Carwarded as a burial-transed as a burial-transed, and in any every and in any every carman carm	conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DUE TO
INER: This certificate shauld be executed within 24 haurs after death. If a certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages Land 2 with the State Defian, ar remayal, and in any event within 72 haurs after death.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED?
INER: This of a certificate, should be far files. 3 should be used in a certificate.	PERFORMED? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	20c. TIME OF INJURY Month, Doy, Year Place Course 20e. PLACE OF INJURY (Hame, form, Hour o.m. 9-8 19 C of work of otwork of ot
	21. I certify that I taok charge of the remains described above, held an Autopsy, Inspection \(\bar{\text{\bar}} \), Inquiry, and in my opinion death resulted from: Notural causes, Accident \(\bar{\text{\bar}} \), Suicide, Hamicide Undetermined monner
W MEDIN please of the please retaine for to bu	ACTUAL SIGNATURE ALL CHIEF MEDICAL EXAMINER (22. DATE SIGNED
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 45 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crema	EXAMINER'S NAME (Type) John R. Smith, Jo. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
TO I nee the 5 r	230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) Synthetical Defendance of A. 23b. Pare thereof 12,1967 Model town (Result France of A.) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (Synte) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (County) (County) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (County) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (County) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (County) (County) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) (County
VR A15ME (5) 6M 1/67	Jane 18. Barton S Barton Bros Centrevelle MQ, DATE SEP 1 1 1967 Charles Junger

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12947 CERTIFICATE OF DEATH hours after death 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTQUEER Anne Queen Anne MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporete limits, write RURA), and give nearest town), c. LENGTH OF STAY IN 1b papers. Page Rural Sudlersville LIFE Rural Sudlersville completely filled in e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO executed within carbon Last 4, DATE Month Day Year NAME OF First Middle DECEASED Roberts Jentember 19 67 DEATH (Type or print) event AGE (In years | IF UNDER 1 YEAR **I FUNDER 24 HRS** DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED remove 7. MARRIED last birthday) Months Days Hours lease remov and in any 6 and Female DIVORCED | WIDOWED 12. CITIZEN OF WHAT 19a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR attending physician rmit. Then please r COUNTRY? certificate be during most of working life, even if retired) INDUSTRY USA Housewile removal, 13. FATHER'S NAM Finley Roberts Arraminta Price ed by the attend transit permit. , cremation, or re 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Robert Ware-Sudlersville, Maryland TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician. (Yes, no, or unkown) (If yes give war or dates of service) NTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH After this certificate has been signed by tild be detached for use as the burial-transit state Dept. of Health prior to burial, cremat PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO Conditions, if any, which gave rise to immediate DUE TO (a), stating cause underlying cause last. WAS AUTOPSY ICATION 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES [NO T CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at work 1907 v 21. I certify that (I) (this_hospital) attended the deceased from the director, page 3 should should be filed with the and that death occurred at 1/3 AM, from the causes and on the date stated above. saw the deceased alive on au-196 22b. DATE SIGNED SIGNATURE MED. DIRECTOR PHYS. M.D. ADDRESS PHYSICIAN'S 22d. NAME (Type) LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. 23a. DATE THEREOI Sudlersville Maryland 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 15M 4-64

WAY IN THE BOOK THE To you strong and the part of the par allowed to the second of the s 20 Sent on 10,5 to appear appears the sales which appears to appear to a sales of appears to a sales of a sales of appears to a sales of a sale Seattle College Colleg maker - Sasker - Region I was a series of the series o

DIVISION OF STATISTI TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Zompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH	
CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
CERTIFICATE OF DEATH	- 5:5: 1.0

1.			CERTIFICATE	OF DEATH]	12948
1	1. PLACE OF DEATH		2	. USUAL RESIDENCE (When	e deceased lived, If Institutions	Residence before edmission)
	· COUNTY QUEE	n Anne	MARYLAND	a. STATE Maryland	b. COUNTY A	nne.
ľ	b. CITY OR TOWN (if o		c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside		
١	Sudlersvi			Church H.	iII.	/ - ,
ľ	d. NAME OF HOSPITAL	L OR INSTITUTION (if r	not In hospital, give street address)	d STREET ADDRESS		. IS RESIDENCE
	Kitty's	Nursing Ho	me		x.	YES NO X
	3. NAME OF	First	Middle	Last 4. DAT		Day Yeer
1	DECEASED (Type or print)	Emma	Barren	Roe DEA	TH C	2/ 10 /01
-		Color or RACE 17	Brown	ATE OF BIRTH	19. AGE In yours 18 UNDER	26 19 67 1
	Female	White	MORKIED INCAER MARKIED 11 - 4	vil 23, 1874	195 rindey) Months	Days Hours Min.
	10a. USUAL OCCUPATIO	N (Give kind of work	IDS. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State	, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
	Housewife		xx	Price Marula	nd.	1/SA
-	13. FATHER'S NAME	0 10 11	14	Price, Maryla. MOTHER'S MAIDEN NAME		-
	Edwin	B. Walls		Mary Loui	sa Walls	
	15. WAS DECEASED EVER (Yes, no, or unkown) (Ifye			Franklin Even	ett-Church H	ill. Md.
		ETH (Fotor only one of	suse per line for (e), (b), end (c).]			I INTERVAL BETWEEN
-1		WAS CAUSED BY.	6. 1. 7/	1 .		ONSET AND DEATH
		MEDIATE CAUSE (a)	Cuchal ornin	- rais		I nuk _
-		DUE TO	F-1 -1	1/ /		6 0
1	Conditions, if any,	which (b)	Urlhoselendu	Hart W	lactual) years
1	gave rise to immediate	PATE TAX				
	(a), stating the und	erlying (c)				
			ONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	IT I(a) 19. WAS AUTOPSY
	PART II. OTHER S					PERFORMED?
1	200 ACCIDENT WAS OR CONTRIBUTING [] (IF EITHER, NOTIFY M		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or I	Part II of Item 18.)	
	O (IF EITHER, NOTIFY M					
	2Dc. TIME OF INJURY	Month, Day, Year		OF INJURY (Home, farm, 201. (street, affice bldg., etc.)	(City or town) (Co	unty) (Stele)
	p.m.	19	at work at work			
	21. I certify tha) attended the deceased from			
	saw the deceases	alive on Asa	7 2 4 19 6 7, and that de	ath occurred at / 30M, fr	om the causes and on t	he date stated above
	22a. SIGNATURE	11		1	450	, 22b. DATE
		When K	Smith of M.D.	PHYS. MED.	STAFF PHYS.	9/21/51GNED
	22c PHYSICIAN'S	John R.	Smith In.	22d. ADDRESS	110 111	1 -1 -
	HAME (146)	Joint It.	Showe gree v	(entrevi	Ue, Maryland	
	23a. BURIAL, CREMATIO	N, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY OR	CREMATORY 23d. L	OCATION (City, town or coun	ly) (State)
)	REMOVAL (Specify)	Sept. 29	Church Hill	Chi	urch Hill. Ma	ruland
ľ	24 FUNERAL DIRECTOR'S SIGNATURE APPRESS. 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
1	Edgar d	, Lanel	Church Hill, Maryl	and DOCT 3	1967 Scharl	as Judge
1.				17.00		-1-0-

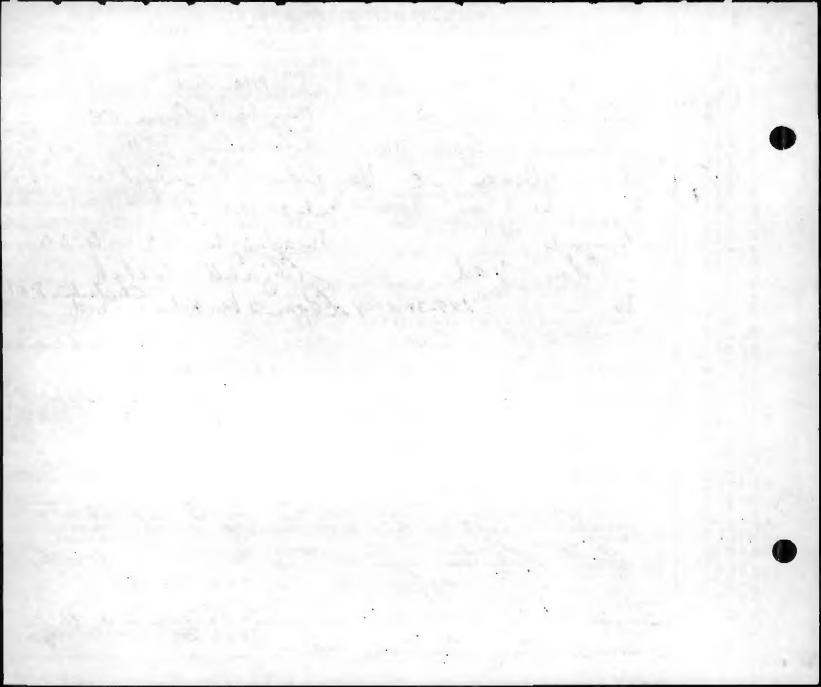


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12940 CERTIFICATE OF DEATH
12949

		and the first of the first			JA 1	
	1.	PLACE OF DEATH a. COUNTY Duren ar	Manual Sala	2. USUAL RESIDENCE (Where	deceased lived, If institution: F	Residence before admission)
		b. CITY OR TOWN (if outside corporate limit	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, write RURAL	L end give nearest town)
		write RURIL and give nearest town)	DI I you	Buchara	Come R	d. 1771
ĺ		d. NAME OF HOSPITAL OR INSTITUTION (IF I	ot in hospital, give street eddress)	d. STREET ADDRESS	DIA	e. IS RESIDENCE
ļ	_	Durchard 1	Corner 15d	Masfellor	in 11.20	/ YES P NO
Į	3.	NAME OF OECEASEO (Type or print)	Middle Van	orden 0.00	ATH Supply	0ay Year / 2 19 6 7
	5.	6. COLOR OR RACE 7. MA	ARRIEO HEVER MARRIEO	8. OATE OF BIRTH	9. AGE (In years IF UNOER	Oays Hours Min.
	100		DOWED OIVORCEO	VII. BIRTHPLACE (County & St	4 / yrs.	ITIZEN OF WHAT
ı	dur	ng most of working life, even if retired)	10b. KINO OF BUSINESS OR INOUSTRY	The International County & St	ate, or foreign country) 12. C	OUNTRY?
	13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	m / /	0 - 0 /2
		Coden Vo	ail	Chiatel	& Wels	l.
١	15. (Ye	WAS OECEASED EVER IN U.S. ARMED FORCES? , no, og unkown) (If yes give war or dates of service	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	Technin P.OI
		No	149-38-0204	Elgar y Van	1 Orden	nd.
ı		 CAUSE OF OEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: 	0	, - 1	7 /	ONSET AND DEATH
ı		1531 IMMEDIATE CAUSE (8)	Celrceno	270515 GCR	erlized	6 hus
I		Conditions, If any, which OUE TO	Carcina	min of Ti	ran vesis	
l		gave rise to immediate (2
Ì	-	underlying cause last.) (c)	Colon			2 years
	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO CEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE C	ONOITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	CERTIFI	20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. OESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of Injury In	Part I or Part II of Item 18	3.)
	MEDICAL	20c. TIME OF INJURY Month, Oay, Year Hour a.m. 19		CE OF INJURY (Home, farm, 20) bry, street, office bldg., etc.)	f. (City or town) (Con	unty) (State)
		21. I certify that (I) (this hospital) a	attended the deceased from	2- 3/ 1965	to 00 0 /7 /1 196	Z, that (I) (we) last
		saw the deceased alive on Se	6/ / 19 6/, and tha	t death occurred at 5/5pM,		the date stated above. Date signed
ı		CHE CO-	M.C	ATTENOING MEO.	STAFF PHYS.	9-13-67
		22c. PHYSICIAN'S NAME (Type)	Layton MI	22d. AOORESS	ville med	
	23a		OF 23c NAME OF CEMETER	OR CREMATORY 23d.	LOCATION (City, town or co	unty) (State)
	_/	Sunal Supe 16	167 Variet There	Memorial 7	o Towa Bou	
	24.	FUNERAL DIRECTOR	AOORESS	25a. SEP BIR	GISTON 7256. REGISTRAN	SIGNATURE
	/	Kuny V. Williams	Musicular 1	OATE		V -

TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death.

VR A 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please reporte carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in my event, within 72 hours after

		MARYLAND STATE DEPARTMENT OF HEALTH
		STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN CERTIFICATE OF DEATH
	12941 PLACE OF DEATH	CERTIFICATE OF DEATH 12950 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before)
-	a. CDIINTY	2. Average trible december to the trible account to the trible acc

1. PLACE OF DEATH a. CDUNTY Queen Anne's County MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Rea. STATE aryland b. COUNTULE COUNTUL C	sidence before admission) n Annels						
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Centreville, aryland Lifetime	c. CITY OR TOWN (If outside corporate limits, write RURAL a Centreville, Maryland	and give nearest town)						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE						
At Home	413 S.Liberty Street	YES NO						
3. NAME OF First Middle OECEASED Georgia	Last 4. DATE Month OF DEATH 9	Oay Year 3 167						
I STANDALED HEACH HIMMITED 1	8. DATE OF BIRTH 5/19/1875 9. ACE (In years IFUNDER1 Months 0	YEAR IF UNDER 24 HRS. Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jabor 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Various	Queen Anne's Co. Md. U.S.	UNTRYZ						
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME							
George Wilson	Emmeline Brown	-						
(Yes, no, or unkown) (If yes give war or dates of service)	s.Emma Carter Centreville							
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ATTO SC 727	ofe Cardio Vasular	INTERVAL BETWEEN ONSET AND DEATH						
Cenditions, If any, which \ (a)	110 2 20	War						
gave rise to immediate	70013	700						
underlying cause last.	cause (a), stating the OUE TO underlying cause last.							
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOT RELIED TO SECURITY WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO, (Enter nature of injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (City or town) (Country street, office bldg., etc.)	nty) (State)						
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	at death occurred at Sign, from the causes and on the							
222. SIGNATURE	ATTENDING MED. STAFF	TE SIGNED						
PHYSICIAN'S NAME (Type) Rodney C. Layton M.D.	22d. ADDRESS 104 S.Liberty St.Centrev	ille,Md.						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER Chesterfiel	d Cem. Centreville, M	aryland						
24. FUNERAL DIRECTOR ADORESS Chestertown, Md	250. REC'D BY REGISTRAR 250. RECISTRAR'S DATESEP 7 1967 yoursel	as Judge						

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